

01/20/2015

CMZ-HZM0 K20-H200A7 AZA-H20Z

Updates from the MT
Laboratory Services
Bureau
800-821-7284
www.lab.hhs.mt.gov



REMINDER: Tests of Public Health Significance Survey

Thanks to the 29 “early birds” who have already responded to the MTPHL electronic survey to better understand the practices, assays, and platforms that are being used in Montana to test for agents of public health significance. The data provided by clinical laboratories is a vital part of surveillance and we value your partnership. The deadline for completion of this survey is **February 4**, and even if you weren’t one of the “early birds”, your input will be greatly appreciated. The survey link was sent to at least one person in each facility, but if you did not get the e-mail invitation and want to complete the survey, contact Susie Zanto at 406-444-2839 or szanto@mt.gov

Revised Laboratory Request Forms

- * The MTPHL is now using a new version of requisition forms, and because of the darker blue, **we can no longer scan forms that are written in blue ink**. When filling out our requisition forms, please do not use blue ink. Any other color will be fine.
- * This new version now has additional billing information to be completed, located towards the bottom on the left side. If you want us to bill Medicaid or Medicare, this portion of the form must be completed.
- * We will no longer be using the green Chlamydia requisition forms; please use the blue form to order Chlamydia and GC NAAT testing (located in the third column of the form).



SURVEILLANCE: A Critical Role in the Sentinel Laboratory

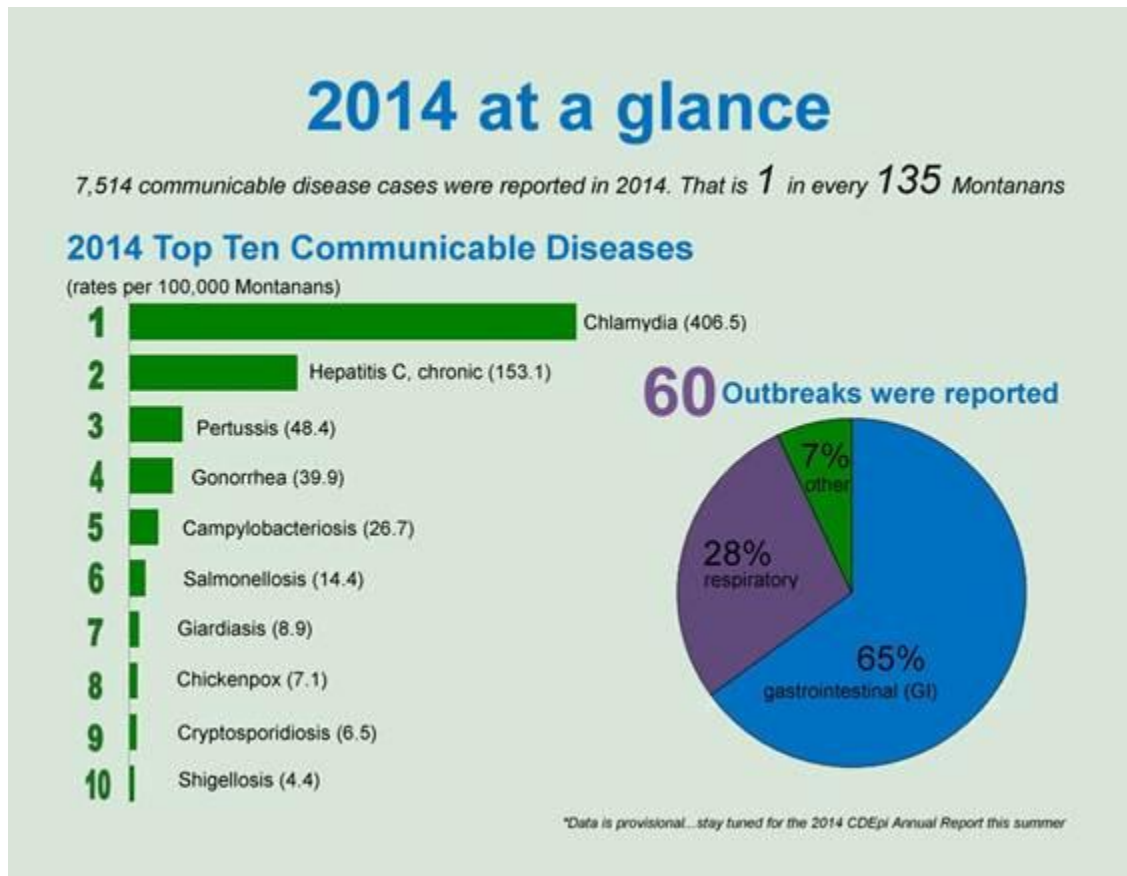
As more and more clinical laboratories are attaining molecular testing capabilities, the surveillance role of sentinel laboratories becomes even more critical. The Montana Public Health Laboratory (MTPHL) and the Communicable Disease Epidemiology (CDEpi) program at the Department of Public Health and Human Services (DPHHS) participate in year-round surveillance activities that rely heavily on timely and accurate disease reporting, as well as timely specimen submission. MTPHL is not simply “confirming” the work you have already performed, but is interested in having these specimens and isolates for further surveillance testing and epidemiological studies.

For example, in addition to subtyping/genotyping Influenza specimens at the MTPHL so the circulating strains are known, we also, by request, refer a representative number of Influenza positive specimens to the Centers of Disease Control and Prevention (CDC) for use in vaccine development, as well as for further characterization and antiviral resistance testing. These specimens are how CDC was able to know that the current vaccine is not the best match this year for the circulating strains.

In addition, the DNA fingerprinting that MTPHL performs on enteric specimens/isolates, such as *Salmonella*, Shiga-toxin producing *Escherichia coli*, and *Shigella*, are shared in a national database to help in the identification and investigation of multi-state foodborne outbreaks. Furthermore, MTPHL and CDEpi are very interested in receiving uncommon pathogenic isolates, as well as those demonstrating unusual antimicrobial resistance patterns for further testing and surveillance studies. Public health relies on clinical laboratorians to be the sentinels for new and emerging diseases and to aid in public health surveillance activities, not only in our state, but across the nation.

Administrative Rule 37.114.313, Confirmation of Disease, provides [a list of the specimens/isolates](#) that need to be submitted to MTPHL for epidemiological purposes. For questions, please call 800-821-7284.

Infographic of the Week: A “preliminary” look at communicable diseases reported in 2014.



DISEASE INFORMATION

Summary – MMWR Week 1 - Ending 1/10/15 Preliminary disease reports received at DPHHS for the reporting period January 4–10, 2015 included the following:

- **Vaccine Preventable Diseases:** Influenza hospitalization (56), Pertussis (7), Varicella (1)
- **Invasive Diseases:** *Streptococcus pneumoniae* (2)
- **Enteric Diseases:** Campylobacteriosis (3), Giardiasis (1), Shigellosis (2)
- **STD/HIV:** Chlamydia (65), Gonorrhea (10), Syphilis (0), HIV* (2)
- **Hepatitis:** Hepatitis B, chronic (3), Hepatitis C, chronic (13)
- **Vector-borne Diseases** (0)
- **Travel Related Conditions:** Coccidioidomycosis (1)
- **Animal Rabies:** (0)
- **Elevated blood lead:** (0)

* A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

Current Influenza Activity: Influenza activity continued across the state during the week of January 4–10, 2015, with 479 cases reported. Season to date, 2173 cases as well as 270 hospitalizations have been reported to DPHHS. Six deaths

attributed to influenza have been reported this season. Table 2 below is excerpted from this week's [Montana Influenza Summary](#) to illustrate the ongoing impact of the current influenza season. Please look over the CDC information linked below and the most recent [Montana Influenza Summary](#) to consider local messaging approaches. Remember, confirmed cases on the map are only the tip of the iceberg. CDC estimates that between 5 to 20% of the population will be infected during any given flu season.

Table 2. Influenza Hospitalizations and Deaths — Montana, Week Ending 1/10/15				
Hospitalizations		Deaths (Season to Date)		
Current Week	Season to Date	Pediatric	Adult <65 years	Adult >65 years
59	270	0	0	6

National influenza information including activity reports can be found at <http://www.cdc.gov/flu/weekly/>

NEW CDC TOOLKIT - Influenza in Long Term Care Facilities (LTCF) and Assisted Living Facilities (ALF): Hot off the CDC Presses or electron generators... More information on Tuesday.

Please engage your LTCF's and ALF's. We have heard of situations where outbreaks are not reported or are reported late. The new toolkit from CDC illustrates that this is likely not just a Montana situation.

<http://www.cdc.gov/flu/toolkit/long-term-care/index.htm>

Ebola: The following information on the CDC website related to the 2014 West Africa Ebola outbreak has been added or updated:

- [Updated Case Counts](#) - January 16, 2015
- [Updated 2014 Ebola Outbreak in West Africa - Cumulative Reported Cases Graphs](#) - January 16, 2015

Norovirus: A press release has gone out about Norovirus being on the rise and the need to take precautions. This has generated some interest in the media and can be found at <http://dphhs.mt.gov/AboutUs/News/1-16-2015norovirusontherise>.

Respiratory Syncytial Virus (RSV): The 2014–15 RSV season officially began the week ending December 20, 2014. RSV season onset is determined as the first of two consecutive weeks when the positivity rate of RSV testing is $\geq 10\%$. All regions in Montana are at seasonal activity at this time. Weekly updates and additional RSV and RSV prophylaxis information can be found at <http://dphhs.mt.gov/publichealth/cdepi/diseases/rsv.aspx>.

INFORMATION/ANNOUNCEMENTS

Final 2014 outbreak spreadsheet: The finalized spreadsheet documenting outbreaks in Montana in 2014 is attached.

MIDIS 2014 Reconciliation: As we say goodbye to 2014, it's time to look over your cases in MIDIS to make sure that they are complete. If the investigation is also completed, then please close the case as well. Your next reconciliation report will arrive by the end of January. If you have any questions please contact Stacey Anderson (sanderson2@mt.gov).

Influenza reporting: Please continue to report hospitalizations due to influenza. Please provide the following information in the investigation comments: **type of influenza diagnosed, current seasonal influenza vaccine status, and any comorbidities present at diagnosis**. We have received several reports with 'unknown' immunization status. In order to present the most accurate picture of the influenza burden in the state, we need our cases to be as complete as possible. Please try to obtain this information when you are reaching out to your providers/hospitals/IPs. Remind them to collect this information for you to avoid repeated call-backs.

DON'T FORGET - Isolation and Quarantine Training for Rural Communities (Western Version): Sue Hansen in Beaverhead County has confirmed an Isolation and Quarantine Training in Dillon on March 11. As registration information becomes available, it will be provided. The courses are:

- MGT 433: Isolation & Quarantine for Rural Communities (AM)
- PER 308: Rural Isolation & Quarantine for Public Health and Healthcare Professionals (PM)

Please use the links below to register for both courses MGT 433 and PER 308. You will need

to click on both links to register for each course separately.

<https://www.ruraltraining.org/training/schedule/2015-03-11-mgt433-dillon-mt-001/>

&

<https://www.ruraltraining.org/training/schedule/2015-03-11-per308-dillon-mt-001/>

Please sign-up no later than February 25, 2015 as a minimum of 20 registrations must be received by this date in order to confirm the class will be held. Should you

have any questions regarding the facility or location please contact Sue Hansen at

406-683-3179 or shansen@beaverheadcounty.org.

OTHER RESOURCES

Influenza 2014-2015 Season (CDC): <http://www.cdc.gov/flu/about/season/>

Influenza (DPHHS): <http://dphhs.mt.gov/publichealth/cdepi/diseases/influenza.aspx>

Ebola: <http://www.cdc.gov/vhf/ebola/>

Norovirus: <http://dphhs.mt.gov/publichealth/cdepi/diseases/norovirus>

Pertussis: <http://www.dphhs.mt.gov/publichealth/cdepi/diseases/pertussis.aspx>

Mold: <http://dphhs.mt.gov/publichealth/cdepi/diseases/mold.aspx>

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>